6. Roberts JC Jr: Some Recent Developments in Comparative Medicine, *In* Zoological Society of London—17th Symposium. Orlando, Fla, Academic Press, 1966, p 423

Physicians and the Death Penalty

TO THE EDITOR: In her article on "Physicians and the Death Penalty,"[1] Dr Thorburn raises issues that should not be ignored by any physician. Her assertions regarding the role of medical examiners deserve comment. In the most extreme position detailed in her article, Dr Thorburn implies that *any* involvement by physicians in *any* phase of a case leading to execution is unethical. This would mean that medical examiners should not examine homicide victims because of the potential for a death sentence. As medical examiners it is our responsibility to document injuries and present our findings in an honest and unbiased manner. In this we act as the advocate of the murder victim, not as an agent of the court. Our testimony can exonerate an innocent suspect as well as implicate the guilty. If we were to stop examining homicide victims there is the potential that our lack of involvement could lead to the death of an innocent person, a much more untenable ethical position.

In the case of medical examiner involvement after an execution we once again must act as the advocate of the deceased person. It is our duty to assure that the executed person has no injuries other than those which were legally sanctioned. Without our involvement there can be a question in the minds of the deceased's relatives as well as society as a whole as to whether the ultimate and irreversible sanction has been fairly and justly administered. It is our belief that to ban all participation of physicians in death sentence cases would raise greater ethical issues than it resolves.

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REFERENCE

1. Thorburn KM: Physicians and the death penalty. West J Med 1987 May; 146:638-640

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TO THE EDITOR: Dr Thorburn's "Informed Opinion" in the May issue of the journal[1] seems both informed and, quite clearly, an opinion. Her material is carefully arranged and very well documented, but the conclusion suffers from the incongruity that is unavoidable when attempts are made to apply pure idealism to an imperfect society. It is neither possible nor ethically defensible to declare that physicians must refuse to be involved in the insoluble problem of capital punishment. If more than 70% of the US citizenry views the death penalty as necessary for societal protection, it will certainly see to it that "dangerous" persons are executed, whether or not physicians choose to participate.

It is quite clear that society is not capable of controlling the small percentage of its members who are bent on destroying others. Because methods of incarceration are fallible and because it is quite clear that sociopathic personalities cannot be rehabilitated, execution looms as the logical, if unpleasant, societal recourse. It is specious to argue that it should not be done because it offends our sensibility or is often done imperfectly. Let those who argue so skillfully and emotionally that the death penalty is improper suggest a practical and reliable alternative to the control of persons like Ted Bundy, who have the form of humanity without a shred of human sensitivity, who are frighteningly skillful at escape and manipulation of the legal system and who have no allegiance whatsoever to the Universal Declaration of Human Rights.

Our recognition of rights and the commonality of basic human values constitute excellent guidelines for solving the majority of society's problems. But there are no rules that are applicable in every situation, and Dr Thorburn's proposal that it is unethical and indefensible for any physician to "participate in any act connected to and necessary for the administration of capital punishment" will create more problems than it will solve in our real world, where the issues present themselves in shades of gray. No amount of wishful thinking and idealistic pronouncement will convert them to black and white.

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Opposing Views on Deaths From Firearms

TO THE EDITOR: The March issue of the journal contains, under the heading "Special Article," an article with the strange title of "The Epidemiology of Firearm Deaths Among Residents of California."[1] This article not only lacks any scientific premise, but contains some gross errors of fact. Firearms deaths no more have an "epidemiology" than baseball bat or butcher knife deaths. This article is clearly an undisguised antifirearms propaganda piece having no place in a putative scientific journal. In the first paragraph the authors refer to "more than 30,000 Americans" alleged to die as the result of gunfire. The last figures I have seen, derived from the 1985 FBI annual report, indicates less than 20,000 firearms deaths, and it is imperative that this be understood to include all categories of firearms deaths including suicide and accidents. I am giving these numbers strictly "off the cuff" without available reference sources here in my office, but I am generally quite familiar with the numbers concerned here. My figures are approximations from memory. The under 20,000 figure above is correct as stated. As I recall, about 8,000 of these are suicide. Suicide is a psychiatric and psychologic problem, not a matter of methodology. Reference to firearm suicide is clearly a non sequitur, and I would only point out in passing that Japan, which virtually prohibits private ownership of firearms, has a far higher suicide rate than the United States, where in most localities firearms can be obtained with little difficulty and complicated impedances in others, which do not seem to affect suicide rates.

As I recall, some 3,000 or so firearms deaths are accidents. Accidents mostly happen as a result of ignorance or carelessness, whether we are talking about automobiles, lawn mowers, chain saws or firearms. It may be worth mentioning that there has never been a fatal accident to my knowledge on a firearms range operated by a rifle or pistol club affiliated with the National Rifle Association, clearly indicating that proper training and proper use is the answer here. It is also pertinent that the last fatality figures I have seen by the Na-

tional Safety Council list the shooting sports (hunting, target shooting and the like) as *15th* in rank behind such "safe" sports as fishing, boating and swimming.

Nowhere in the March article do the authors make any separation of homicides into its several very different categories. What about killing by gunfire by a policeman in the line of duty, or by a citizen in self-defense? The authors lump all this together as though someone being shot is necessarily a crime. Incidentally, I am surprised that the authors did not bring in the old, often repeated but unequivocally false, propaganda item that "citizens should not own firearms because criminals will take them away and use them against the citizens." The fact of the matter is that criminals are killed by citizens in self-defense at a rate three times that of policemen killing felons in the execution of their duty. These two categories of legal killing by firearms are lumped in with the criminal misuse of firearms.

At the very outset, the attempt of the authors to ascribe an epidemiology to inanimate mechanical devices is unscientific and has no merit in a medical journal. Quite predictably from the first paragraph, the authors toward the end of their article advise that "restricting the availability of firearms, and particularly handguns," is recommended. They do not tell the reader that there is a direct statistical correlation with highly restrictive gun control regulation and high crime rates including firearms. Washington, DC, Detroit and New York all make it virtually impossible for private citizens to own firearms, particularly handguns. These are among the highest murder rate metropolitan areas, quite in contrast to Vermont, which has the lowest homicide rate in the country, and no restrictive firearms laws at all, including the right to carry a concealed weapon, at the last information I had.

Even beyond the United States, virtually all of the Latin American countries have very stringent controls on private ownership of firearms, and far higher homicide rates than the United States. It will undoubtedly surprise most everyone, as it did me, to learn that East Germany, behind the Iron Curtain and as rigidly a controlled police state as any among the Soviet puppet states, including prohibiting private ownership of firearms, has a higher homicide rate with firearms than the United States.

If the authors want to pursue some interesting facts from a sociologic standpoint, that is their business, and I would suggest first that they look into the fact that about two thirds of homicides in this country are committed by blacks (some 12% or so of our population). If these are deleted, the United States has one of the lowest rates of firearms homicides of any country in the world. Deaths from firearms accidents have been progressively decreasing on a per capita basis for many years. Suicides are a problem for the psychiatrists and the psychologists.

In short, this article lacks any scientific merit, is grossly inaccurate and is a patent propaganda piece having no place in a medical journal.

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REFERENCE

1. Wintemute GJ, Teret SP, Kraus JF: The epidemiology of firearm deaths among residents of California. West J Med 1987 Mar; 146:374-377

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TO THE EDITOR: The publication of "The Epidemiology of Firearm Deaths Among Residents of California"[1] raised hopes that a scientific approach could be brought to bear on a significant health problem which has become so intertwined with the political implications of restrictions on firearms ownership that all logical thought has been lost in an emotional fog.

Unfortunately, there are strong elements of political polemic in the article which will again interfere with rational discussion of the issues. I refer to the statement, "firearms were the leading cause of intentional death in the state," whereas the facts are that firearms may have been the leading instrument of intentional death but identification of the causes lies elsewhere. This is not mere nit-picking, as is shown in the discussion section in which the authors point out that changes in motor vehicle design reduced the numbers of motor vehicle-related injuries and deaths right after noting that accidental shootings are of minor significance in the overall problem and presumably, therefore, changes in firearms design are not going to be of protective value. Instead, they make the logical leap to reducing the use of firearms in suicide by reducing the availability of firearms. No attention is given to the much greater rate of suicide in Japan which is an essentially firearm-free society. The point is of course that suicide is not caused by firearms but by the desire to end one's life, and in the absence of firearms, other means are found. Note, for example, the recent rash of teenaged deaths by carbon monoxide poisoning.

Last, the authors make reference to the "Saturday night special," a buzzword among those bent on eliminating firearms from our society, but a term which, as has been well demonstrated in Congressional hearings, has in fact no real meaning and no relevance to the use of firearms for suicide or any other purpose.

In summary, *The Western Journal of Medicine* has lent its prestige to the publication of a thinly disguised political polemic, and the real issues of the relationship of firearms ownership and availability in an increasingly urbanized and violent society are left unaddressed. Articles such as this belong in an editorial section, not published under the guise of scientific objectivity.

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REFERENCE

1. Wintemute GJ, Teret SP, Kraus JF: The epidemiology of firearm deaths among residents of California. West J Med 1987 Mar; 146:374-377

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Drs Wintemute, Teret and Kraus Respond

TO THE EDITOR: Your correspondents implicitly and explicitly question our epidemiologic approach to injuries, and firearm injuries in particular. They argue that behavior (a host attribute) is the only proper area for research; consideration of the agent, vehicle or environment is improper or irrelevant.

Epidemiology is "the study of the distribution and determinants of health-related states and events in populations, and the application of this study to control of health problems."[1] Drs Johnson and Howard's assertions notwithstanding, the knowledge that injuries can profitably be investigated using epidemiologic methods has existed since the time of Hippocrates.[2] In our own time, pioneers such as the late William Haddon, Jr, Susan Baker, Julian Waller and others have refined and applied this knowledge. We owe crashworthy cars (credited with saving more than 90,000 lives since the late